

**DEMOLITION CONTRACTOR'S APPLICATION FOR A
CERTIFICATE OF REGISTRATION**

NEW APPLICATION

INSTRUCTIONS

1. Please print or type all items except signature.
2. Submit a check made payable to; 'Treasurer, St. of Connecticut in the amount of; \$300. **For a NEW CLASS "B" License \$750. For a NEW CLASS "A" License.**
3. Submit a letter from your insurance company stating that you have the ability to be insured to perform demolition work.
4. Provide proof of Financial Responsibility to engage in the demolition business. Some examples of Proof of Financial Responsibility may include an Insurance Certificate, Surety Bond, Surety interests by individuals with an interest in real estate, or the deposit of cash with the State Treasurer.
5. Any fraudulent statement made herein shall be grounds for revocation of any Certificate of Registration issued.

OFFICE USE ONLY:	<u>CERTIFICATE #</u>	<u>CLASS</u>	
	<u>CHK #</u>	<u>AMOUNT</u>	<u>DATE</u>
.....			

NAME OF APPLICANT (Business Name) _____

Street Address _____

City or Town _____

State _____ Zip Code _____

Owner's Social Security Number : _____

Owner's Federal Employers Identification Number: _____

Telephone Number: _____

Type of Ownership:

☐ Corporation ☐ Partnership ☐ Sole Proprietor

When organized: _____

If a Corporation, State organized in: _____

Other than Connecticut Corporations, are you registered as a foreign corporation?

☐ Yes ☐ No

FOR PARTNERSHIP, LIST NAMES AND ADDRESSES OF ALL PARTNERS.
FOR CORPORATIONS, LIST NAMES AND ADDRESSES OF PRESIDENT,
VICE-PRESIDENT, SECRETARY AND TREASURER.

NAME	TITLE	ADDRESS

CORPORATION: I hereby certify that, at a board meeting, the president of this
firm was authorized to make this application.

DATE OF BOARD MEETING, _____

LIST MAJOR ITEMS OF EQUIPMENT:

LIST MAJOR DEMOLITION CONTRACTS ON HAND AND /OR PAST
PROJECTS PERFORMED

LOCATION	SCOPE OF PROJECT	EXPECTED COMPLETION DATE

HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU,
OR DEFAULTED ON A CONTRACT { } YES { } NO IF YES, WHERE
AND WHY?

IF THE APPLICANT IS A BUSINESS ORGANIZATION, HAS ANY OFFICER,
EMPLOYEE OR TECHNICAL EXPERT BEEN CONVICTED OF ANY
VIOLATION OTHER THAN MOTOR VEHICLE VIOLATIONS WITHIN THE
PAST FIVE (5) YEARS? [] YES [] NO IF YES, GIVE DATES,
CHARGES AND PENALTIES IMPOSED.

DESIGNATED TECHNICAL EXPERT:

NAME _____ ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

EXPERIENCE AND TRAINING: Please attach a separate resume for the Designated Technical Expert.

STATEMENT OF APPLICANT: I declare that the statements made in this application are true.

DATE

SIGNATURE & TITLE OF APPLICANT